

OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

DISCLOSURE OF FINANCIAL INTERESTS
PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2019

(PRINT OR TYPE CLEARLY)

NAME	Keith Y. AmemiyaMayor
DEPART	rment/AGENCY Candidate
NAME C	of Spouse Bonny T. Amemiya
Check the	e appropriate box and fill in any applicable dates:
	INITIAL STATEMENT: Date on which you assumed office or began employment in this position You must file within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year.
	ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year.
	LEAVING OFFICE STATEMENT: You are leaving or have left your office on and _must file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year.
\checkmark	CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement.
	VERIFICATION
l through 9	declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 and to the best of my knowledge the information provided in this form is true and correct.
_{Date} Ju	ne 16 Kerthy ameng

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	1. \$300,000 - \$399,999	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	Island Holdings, Inc.	Senior Vice President	2019	Н
SP	aio, LLC	Chief Financial Officer	2019	F
DC	Bank of Hawaii	Summer Intern	2019	В
JT	801 South St (Rental Unit)	Landlord	2019	С

[&]quot;F" for filer

[&]quot;SP" for spouse

[&]quot;DC" for dependent children

[&]quot;JT" for joint interests of the filer and filer's spouse

 CREDITORS. Do not report any debts of less than \$3,000. Do not report debts that arise out of retail installment transactions for the purchase of consumer goods, whatever the amount. Do report a secured obligation such as a home mortgage or a car loan. Do report student loans. 								
None Additional sheets attached								
Person(s) Incurring Debt	Creditor	Original Loan	Amount A	mount Outstanding				
JT	First Hawaiian Bank	К	J					
JT	First Hawaiian Bank	Н	Н					
JT	First Hawaiian Bank	G	F					
			H					
3. OWNERSHIP OR INTERESTS IN BUSINESSES IN THE STATE. Only report ownerships or beneficial interests having a value of \$5,000 or more or equal to 10% or more of ownership of businesses incorporated, regulated, or licensed to carry on business in Hawaii. Do not report accounts in federal or state regulated financial institutions, mutual insurance policies, or individual items in a mutual fund or blind trust, if the fund or trust is disclosed under this item. None Additional sheets attached								
Owner(s)	Business Name and Address	Nature of Business	Percentage of Inte	rest Value of Interest				
			- 5.55ago or into	Value of interest				

4. OWNER busines	RSHIP OR ses incorpora	inter of trans ated, regulated, or licer	FERRED. Only used to carry on	report to	ransfe. of in Hawaii d	ownership uring this p	s or interests ir past year.
✓ None	Ado	litional sheets attached	d				
Own	ership or Inte	rest Dat	e of Transfer				
		Í					
positions also inc	s as trustee i lude being a	ONS. Fiduciary position any business or orgomajority shareholder in the corporations.	anization, wheth	ner or not	operated for	or profit. Fi	duciary positions
□ None		itional sheets attached	l				
Position				e & Address of Business or Organization Term			Annual Compensation
		(see attached)				
		-					
						İ	
		STS IN INSOLVENT E	BUSINESS worth	n \$5,000 d	or more.		
✓ None	Addition	nal sheets attached Name & Address	of	7.27			
		Business	- I	ure of Bu	siness	/	Value

	which y	ou have received g ministerial mati	compensation duri	ng the preceding c	alendar vear.	nly report representation for Do not report representation ry authority and do not need	
	✓ None	Addition	al sheets attached				
	Represent	ative	Client		gency	Nature of Representation	
8.	REAL Preasona street a children; persona	r residence.	NED. Only report renal as assessed value personal residence not to report the tall all sheets attached	eal property owned You are not reque or the personal x map key numbe	Report the rired to report to residence of and street a	value of the property in any he tax map key number and your spouse or dependent address, identify instead as	
	LJINOHE		ai sneets attacheu			Γ	
0	wner(s)	Tax Ma	o Key Number & Str	eet Address	Value	Year Obtained	
JT		Personal Res	sidence		М	2013	
JT			10470030604 uth Street Unit 4511, Honolulu, HI			2016	
9.	even if it number depende	ROPERTY TRA during the prece is less than the and street addre nt children; if your	eding calendar year. Value (as in the cas ess for your person ou choose not to re	report real proper For this item, indi se of a gift). You a nal residence or the eport the tax map	ty transferred cate the actua are not require e personal re key number a	in the City and County of all amount of the transaction, d to report the tax map key sidence of your spouse or and street address, identify	
	✓None	Addition	al sheets attached				
Sell	er/Donor	Buyer/Donee	Date	Price	Tax Map Key	/ Number & Street Address	

Financial Disclosure Form, City & County of Honolulu Keith Y. Amemiya - Candidate for Elective Office, Mayor

5. Fiduciary Positions

Position	Holder	Name & Address	Term of Office	Annual Compensation
Board Chair	F	Atlas Insurance Agency 201 Merchant St., Ste 1100 Honolulu, HI 96813	2013 - 2019	С
Board Member	F	Aloha Stadium Authority 99-500 Salt Lake Blvd Honolulu, HI 96818	2015 - 2022	None
President	F	Downtown Athletic Club 1000 Bishop Street, Ste 202 Honolulu, HI 96813	2012 - present	None
Board Member	F	Jump Start Breakfast Advisory Board c/o State of Hawaii Department of Education 1390 Miller St, Honolulu, HI 96813	2019 - present	None
Board Member	F	Shane Victorino Foundation 9512 Scenic Sunset Drive Las Vegas, NV 89117	2010 - present	None
Board Member	SP	Hawaiian Host, Inc. 500 Alakawa St., Ste 111 Honolulu, HI 96817	2017 - present	D
Board Member	SP	Hoike Networks, Inc. 1000 Bishop Street, Ste 701 Honolulu, HI 96813	2017 - present	В
Board Member	SP	Hawaii Tokai International College 91-971 Farrington Hwy Kapolei, HI 96707	2016 - present	None
Board Member	SP	aio Foundation 1000 Bishop Street, Ste 202 Honolulu, HI 96813	2020 - present	None